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UNITED NATIONS POPULATION FUND

Recommendation by the Executive Director
Assistance to the Government of Yemen

Proposed UNFPA assistance:	$14 million, $10 million from regular resources and $4 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Third
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	6.0	3.5	9.5
Population and development strategies	3.5	0,4	3.9
Programme coordination and assistance	0.5	0.1	0.6
Total	10.0	4.0	14.0

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YEMEN

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	43	≥60
Contraceptive prevalence rate (%)[2]	13	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	101.8	≤65
Infant mortality rate (per 1,000 live births)[5]	80	≤50
Maternal mortality ratio (per 100,000 live births)[6]	350	≤100
Adult female literacy rate (%)[7]	18	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	19,114	Annual population growth rate (%)	4.07
Population in year 2015 (000)	33,118	Total fertility rate (/woman)	7.60
Sex ratio (/100 females)	99	Life expectancy at birth (years)	
Age distribution (%)		Males	60.7
Ages 0-14	50.1	Females	62.9
Youth (15-24)	18.2	Both sexes	61.9
Ages 60+	3.6	GNP per capita (U.S. dollars, 1998)	280

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme covering the period 2002-2006 to assist the Government of Yemen in achieving its population, reproductive health and development goals. UNFPA proposes to fund the programme in the amount of $14 million, of which $10 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $4 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to Yemen since it was unified in 1990. Yemen is classified as a "Category A" country in terms of UNFPA resource allocation criteria.

2. The proposed programme was developed in close consultation with the Government, United Nations agencies and non-governmental organizations (NGOs) working in Yemen. The programme takes into consideration the country's national strategic vision for the years 2000-2025, the draft five-year plan, the national population policy for 2001-2025, sectoral policies and programmes including health sector reform, the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). The proposed country programme cycle is harmonized with those of UNDP, UNICEF and WFP and reflects the findings and recommendations of a Country Population Assessment exercise conducted in April 2001 with the participation of the Government, NGOs, the donor community, the UNFPA country office, and the UNFPA Country Technical Services Team (CST) headquartered in Amman, Jordan.

3. The goal of the proposed programme is to contribute to improving the welfare of the people of Yemen and to reducing poverty through better reproductive health and the integration of population, gender and reproductive health dimensions into development planning. UNFPA would contribute to this goal through two subprogrammes in the areas of reproductive health and population and development strategies. Advocacy would play a key role in support of the realization of the programme's population, gender and reproductive health objectives.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Yemen is a least developed country striving to modernize and democratize its economic and political system. In spite of achieving some economic gains, poverty has drastically increased in the past few years. Since 1990, Yemen's population has grown from 12.2 million to

18.7 million. The fertility rate is estimated at 6.5, and population growth is 3.5 per cent a year. Half of Yemen's population is under the age of 15. Almost 80 per cent of the population lives in rural areas and is scattered in over 100,000 neighbourhoods and villages, making provision of social services and amenities difficult.

6. Official government figures estimate maternal mortality at 351 per 100,000 live births, but UNICEF/WHO estimates place it much higher, at 1,400 per 100,000 live births, accounting for 42 per cent of all deaths among Yemeni women of childbearing age. Statistics show that 84.2 per cent of all births take place at home and that only 20 per cent are attended by a midwife, nurse or doctor. Although neonatal tetanus is one of the top killers of newborns, only 18 per cent of mothers have been vaccinated against it. The high rate of maternal mortality is attributed to a number of factors, among them the high rate of teenage pregnancies, insufficient time between births, an inefficient referral system, and the lack of emergency obstetric services and transport. In addition, there is a lack of awareness among pregnant women and the community of the need for reproductive health services and often a reluctance on the part of women to seek such services due to their low quality and the lack of female health service providers. The significant levels of maternal morbidity are due to prolonged labour, chronic anaemia, unhygienic conditions during delivery and untreated sexually transmitted infections (STIs). Only 871 cases of HIV/AIDS were reported by the Ministry of Public Health and Population as of 2001, but this figure is expected to rise quickly because of insufficient screening before blood transfusions and the lack of HIV/AIDS-related education and counselling.

7. In general, Yemen's public administration suffers from weak institutional capacities, underpaid and poorly motivated civil servants, inadequate training and inefficient procedures and overall weak management systems. The public health sector in particular suffers from an extremely insufficient infrastructure and lack of human resources. The major challenges for reproductive health services include: their lack of coverage of large parts of the population, wide regional disparities, poorr integration and quality of services, weak management including logistics management capacities, insufficient training and supervision and a gap between knowledge and practice of family planning. Basic awareness of reproductive health issues has increased in recent years, but only 12 per cent of married women aged 15-49 use modern contraceptive methods, with large regional disparities.

8. Only 13 per cent of basic health centres provide family planning services, and few offer a full package of reproductive health services that include diagnosis and treatment of STIs and counselling on their prevention. Provisions of reproductive health commodities are hampered by the weak logistics system. Contraceptive choice is limited by the bias of contraceptive providers based on the age and parity of the client and the need for the consent of the husband limit choice. The high dependency on external assistance for reproductive health, including family planning, services and commodities is an additional challenge for ensuring sustainability. Scant attention has been given to the special reproductive health needs of young people, particularly with regard

to education about the dangers of STIs including HIV/AIDS, early pregnancy, violence against women, and female genital cutting (FGC).

9. The latest demographic and health survey (DHS), conducted in 1997, reports that nearly a quarter of all Yemeni women have undergone FGC, although recent studies suggest that this figure runs as high as 45 per cent in Sana'a and 97 per cent in Hadramout. Data show that only 3 per cent of all cases of FGC were performed in health facilities.

10. Yemen's Constitution recognizes gender equity, but social indicators indicate the relative status of Yemeni women to be among the lowest in the world. Yemen has one of the largest gender gaps in the world for primary school enrolment, with only 30 per cent of girls enrolled compared to 73 per cent of boys. Female illiteracy is estimated at 72 per cent, compared to 44 per cent for males, and representation of women in policy formulation and legislation is virtually non-existent. Advocacy and awareness raising through mass media remain weak in terms of frequency, quality and content of messages on reproductive health issues and about the importance of raising the status of women.

11. Yemen has made progress in expressing political commitment to population issues and in favour of the implementation of ICPD Programme of Action and the ICPD+5 recommendations. In its strategic vision 2000-2025 and five-year development plan, the Government lists addressing high population growth, water scarcity and public administration as priorities. In addition, the population policy (2001-2025) endorsed by the cabinet in February 2001 and sector strategies set clear objectives in terms of population, gender and basic social services, including reproductive health. The Government has embarked on a decentralization process. However, despite the existence of a growing body of demographic data, there is a lack of disaggregated, subnational data and a system to capture changes over time. Similarly, there continue to be deficiencies in operationalizing policies and in using population data and research in development planning, monitoring and evaluation, especially at decentralized levels.

Previous UNFPA assistance

12. UNFPA assistance to the unified Republic of Yemen began in 1992. The second country programme (1998-2001) adopted a comprehensive approach to population, focusing on three core UNFPA areas: reproductive health, population and development strategies, and advocacy, with gender equity and equality issues mainstreamed throughout. Although this programme was originally budgeted at $18 million, due to the constraints on UNFPA resources globally in 1999 and 2000 only $11.2 million could be made available for the programme, $7 million of which came from regular resources, with the balance of $4.2 million coming from trust fund arrangements with the Government of the Netherlands and the Arab Gulf Programme for United Nations Development Organizations (AGFUND).

13. The programme has contributed to the expansion of reproductive health services, family planning in particular, and has contributed to increased levels of information disseminated through public health and NGO facilities. It has supported the creation of a research base on reproductive health issues, expanded the capabilities and the accepted role of community midwives, worked with the Ministry of Education to integrate population education into school curricula, and collaborated with the Ministry of Social Affairs to contribute to improving the status of women through training and linking income-generating initiatives with providing information on reproductive health and reproductive rights. Projects with the Ministry of Youth and the Ministry of Information have helped to increase awareness on population issues. The programme has also contributed to the updating of the national population policy in line with the ICPD and ICPD+5 and helped build capacity for training, teaching and research on population and development issues at the Central Statistical Office, universities, and the National Population Council.

14. The key lessons learned from the previous programme include the following: (a) better and earlier coordination is needed among government, non-governmental and international donor agencies for effective programme implementation; (b) coordination, monitoring, and realization of programme objectives have all been hindered by spreading limited resources too thinly across too many projects; (c) strong government participation is needed to ensure the sustainability of interventions, particularly with regard to the continuity of contraceptive supplies; (d) NGOs can play an important role in the provision of reproductive health services and advocacy, particularly at the grass-roots level; (e) population planning and advocacy efforts have often been difficult to implement because the centralized, top-down approach to policy formulation has hindered the involvement of key stakeholders; (f) religious leaders can help ensure the success of reproductive health and gender programmes by ensuring strong support and/or by neutralizing opposition; and (g) the training programme for midwives has proven to be a crucial element in improving maternal health care and increasing the number of trained female service providers.

Other external assistance

15. Yemen received an estimated $298 million in international development assistance in the year 2000. About 53 per cent of this amount came from multilateral resources (14 per cent from United Nations agencies), with the remainder coming from bilateral resources. Major bilateral donors include the Governments of the Netherlands, the United States, Germany and Japan and the European Union.

16. The principal non-UNFPA donors in the area of reproductive health include the Government of the Netherlands, with a reproductive health programme in Damar and support to UNFPA's community midwives' training programme; the Governments of Japan, the United States and Germany and the European Union, for maternal and family health care and family planning programmes and district health management systems; UNICEF and the World Bank, in

the area of maternal and child health and area-based programmes. International NGOs have provided considerable assistance, and funds from emigrant Saudis and Yemenis living in Europe and the United States have also filtered in through Yemeni charitable societies.

17. Support in the area of data collection and analysis is being provided by several multilateral and bilateral donors, including the World Bank, UNICEF, UNDP, WFP, FAO and the Governments of the United States and the Netherlands. Support for gender issues – including advocacy, research, institutional capacity building, legal counselling and support for training and income-generating activities for women – has come from United Nations agencies and the Governments of the Netherlands, Germany and the United States.

18. Donor coordination in the area of population and reproductive health has been less than optimal, and the Government of Yemen and donors alike have suggested the need for better coordination mechanisms to effectively direct international resources to the populations and areas where they are most needed.

UNFPA's comparative advantage

19. UNFPA is recognized as the lead agency in population and reproductive health in Yemen and has proven to be the key advocate and broker to put population, reproductive health and gender issues on the national agenda. This builds on the Fund's comparative advantage in terms of its experience in Yemen in addressing sensitive population and reproductive health issues and of doing so in an integrated fashion in terms of policy setting, establishing relevant data systems, providing information, promoting advocacy and helping to deliver services. UNFPA has a vast experience in data collection, analysis and integration of population data into planning processes at decentralized levels and is the agency best positioned to advise and assist the country in reproductive health commodity security. UNFPA has played a leading role in ensuring that in the ongoing health sector reform priorities include reproductive health issues. Modalities such as UNFPA-facilitated South-South cooperation have not only opened up additional venues for access to cost-effective and innovative regional and international experiences but have also provided an effective framework for advocacy. Ready access to technical expertise from the CST has proven to be a cost-effective means of obtaining region-specific support.

Proposed programme

20. The overall goal of the proposed country programme is noted in paragraph 3 above. The programme proposes to focus its activities at two levels: at the national level through contributions to the establishment of policies and standards, and at decentralized levels in selected districts in the areas of programme planning, monitoring and budgeting, community participation and information and service delivery. The concentration on certain geographic and under-served areas would facilitate the establishment of a model that could be replicated in other

areas by encouraging the optimal use of resources and complementarity with interventions by other donors while addressing the equity gap in line with the UNDAF and national goals. The establishment of a solid results-based monitoring and evaluation system will allow for adjusting the content of the programme to emerging needs. Advocacy will continue to play a key role in establishing the necessary enabling environment for realization of the programme's overall objectives. The programme has been developed based on building on lessons learnt, ensuring capacity building for sustainability and cost-effectiveness, and on applying rights-based, participatory and innovative approaches while ensuring complementarity and coordination with other donors. In addition, it takes into consideration opportunities for South-South cooperation and of regional and global interventions such as the global initiative for reproductive health commodity security.

21. Reproductive health. Intervention is required on several fronts to improve the reproductive health of Yemeni women. Actions must be taken to improve access to and quality of reproductive health services and information including family planning; to help raise the age of marriage and first pregnancy; and to empower communities to become aware of their reproductive health needs and demand appropriate services to meet them. The purpose of the proposed reproductive health subprogramme is to contribute to increased use of reproductive health, including family planning, pre- and post-natal care and essential obstetric services, by couples and individuals. The programme aims to achieve the following outputs: (a) increased availability of quality reproductive health services, in particular maternal health and family planning services, in target areas; (b) increased awareness about reproductive health issues among women, men and youth; and (c) a decrease in sociocultural practices that inhibit the improvement of female reproductive health and of the status of women in general.

22. The first output – increased availability of quality reproductive health services – would be achieved by helping to operationalize the national reproductive health strategy by defining the basic reproductive health services to be integrated into the primary health-care system; establishing clear mechanisms for enhancing public-private partnerships; harmonizing reproductive health and family planning curricula; revising and monitoring the implementation of new job descriptions of nurses, midwives and doctors; and building capacities for management, including providing support for supervision of reproductive health programmes within the health sector at large, building on the ongoing efforts of district health teams. A long-term logistics security system would be put in place to ensure reproductive health commodity supply at all levels, including at the community level, and to enhance contraceptive choice and community-based distribution systems. To increase availability of services, the programme would continue UNFPA's efforts to help build a core of skilled female birth attendants, to intensify outreach of home delivery services, enhance the referral system, and to ensure greater availability of essential obstetric services. Community participation will be ensured in the planning, implementation and evaluation of master plans and mechanisms to support safe delivery in the target areas.

23. The second output would be increased awareness about reproductive health and family planning issues among women, men and youth in target areas. The programme would strengthen the capacity of service providers and community heath workers and peers to provide information and counselling, particularly to young women and men, on reproductive health, violence against women, and STI and HIV/AIDS prevention. Interventions would also target local policy makers and religious and community leaders to empower them with advocacy skills to raise awareness about how to reduce maternal mortality, early pregnancies and dangerous misconceptions about good reproductive health practices. To maximize the impact of its messages, the programme would focus on multiple delivery channels, partnering with local media, schools, youth organizations and NGOs dedicated exclusively to gender issues. Emphasis would also be given to efforts to educate men in order to increase their understanding of the role they must play in improving reproductive health, including halting the spread of HIV/AIDS.

24. The third output – reducing sociocultural practices that inhibit the improvement of reproductive health and of the status of girls and women – would require advocacy initiatives to help create an enabling environment in the selected areas. Issues to be addressed include early marriage and pregnancy, FGC, violence against women, girls' education, and joint spousal decision-making on family planning. Activities would be guided by participatory sociocultural research, and efforts would be made to work with local policy makers and community leaders to raise awareness of the benefits of girls' education and of the harmful effect of such practices as early marriage, FGC and violence against women. Emphasis would be given to working with imams, to inviting women's groups to discuss their reproductive health needs and to improve their communication and negotiating skills, and to innovative activities linking women's income, literacy and girls' retention in school with reproductive health.

25. Population and development strategies. The population and development strategies subprogramme would focus on the integration of population, gender and reproductive health dimensions into the development planning process at all levels. The subprogramme would aim to increase the institutional and technical capacities needed to plan, implement, monitor and evaluate such development programmes and to increase the resources available for their implementation. The subprogramme would support decentralization initiatives by providing basic and refresher training to population focal points at decentralized levels to integrate population, reproductive health and gender concerns into planning processes. Efforts would also be taken to strengthen and update the existing population information system by facilitating linkages between various data sources and by disaggregating data to the lowest level possible.

26. The subprogramme would facilitate better monitoring of the population policy and population programmes by building consensus for indicator- and results-based monitoring and by holding assessment meetings on the progress that had been made towards meeting the objectives of the national population policy. Such activities would also contribute to enhanced cooperation with the private sector and building the capacity for data analysis. The

subprogramme would support the generation of indicators to monitor the reproductive health subprogramme baseline studies and, later, provide support for the Pan Arab Family Health Survey (PAPFAM), including its components on adolescents and violence. Limited support would also be given to national surveys and/or social assessments aimed at closing important information gaps and for help in undertaking rapid assessment procedures and sociocultural research in selected districts.

27. The programme would seek to support the implementation of a government decree directing line ministries to devote funds and training to population issues. Population focal points of line ministries will therefore be trained in methodologies for the forecasting and costing of population activities, and the coordination and monitoring capacity of the National Population Council will be enhanced. Similarly, training would be sought at local levels on how to integrate and budget for population issues in local development plans. Special efforts would be made in this regard to strengthen the capacity for gender analysis and gender-sensitive budgeting.

28. Advocacy efforts will be critical to support the necessary increase in resources for population, gender and reproductive health programmes. The programme would seek to convert the prevailing government commitment to population issues to an actual increase in resources. It would work to facilitate a national dialogue to trigger legislative and institutional changes in support for the ICPD and ICPD+5 agenda in Yemen. This would involve working with the media, policy makers, parliamentarians, religious leaders and local councils to raise awareness about issues such as population and the environment, maternal mortality, adolescent reproductive health, violence against women, early marriage, FGC, HIV/AIDS prevention, the status of women, and girls' education. Through the UNDAF task force, the women's NGO network would be strengthened to help advocate for greater reproductive rights as part of a national gender strategy.

Programme implementation, coordination, monitoring and evaluation

29. The proposed programme would work through implementation mechanisms that allow for decentralization, partnership and coordination, while ensuring appropriate monitoring. It is foreseen that the capacity to manage programmes would have to be strengthened before moving to full-fledged national execution; local councils, population focal points and managers from the district health management system would be key targets of these capacity-building efforts. The main partners for policy and standard setting at the central level include the National Population Council and the ministries of youth, education, and public health. The Government would also partner with NGOs in the delivery of services and information to the selected programme districts.

30. Programme districts would be selected on the basis of reproductive health and population and development criteria along the lines of the ICPD and ICPD+5, in coordination with

concerned national ministries and agencies, NGOs and the donor community. Should additional resources become available from other donors and/or the Government, the programme could easily be expanded to other regions.

31. In terms of allocation of resources, approximately 70 per cent of resources would be dedicated to the reproductive health subprogramme, with the remaining 30 per cent being allocated to the population and development strategies subprogramme. Furthermore, in keeping with the programme's focus on decentralization, the bulk of resources would be allocated to programme implementation at decentralized levels.

32. Specific technical backstopping would come from NGOs with comparative advantages in the relevant areas, particularly in the areas of advocacy and communication strategies and ensuring quality of care. UNFPA will cooperate with Yemeni universities in carrying out community-based, gender-sensitive training and research.

33. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. Subprogramme coordination bodies, with participation from different implementing agencies, would facilitate monitoring and coordination of activities with other programmes. Bimonthly donor coordination meetings, led by the Ministry of Public Health, would be used to facilitate donor coordination in the area of reproductive health, while the National Population Council would be responsible for coordinating all population activities. The UNDAF's management mechanisms – in particular its task groups for gender equity, policy planning, capacity building for policy planning and HIV/AIDS – would also contribute to the generation of partnerships and coordination among donors and national counterparts.

34. Results-based monitoring and evaluation would be an integral component of the proposed programme. The programme was designed using available surveys such as the 1997 DHS, a UNFPA-sponsored situation analysis for the year 2000, and baseline surveys undertaken under the last programme. In addition to the data collection exercises mentioned in paragraph 25 above that will be used to ensure results-based monitoring and evaluation, the proposed programme will support a logistics needs assessment.

35. The UNFPA country office is composed of a Representative, two national professional posts and national support staff. It is envisaged that UNFPA would recruit national professional project staff and United Nations Volunteers to support the managerial and technical capacity for programme implementation.

Recommendation

36. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Republic of Yemen, as presented above, in the total amount of $14 million for the period 2002-2006, of which $10 million would be programmed from UNFPA regular resources, to the extent that such resources are available, and the balance of $4 million would be sought through co-financing modalities and/or other resources, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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